



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

**MONTHLY SUMMARY OF DISADVANTAGED  
BUSINESS ENTERPRISE PARTICIPATION**

Federal-Aid Contracts

Project Name and Number: \_\_\_\_\_

Contractor: \_\_\_\_\_

Report for: \_\_\_\_\_ Month \_\_\_\_\_ Year

Prime is a DBE? \_\_\_\_ Yes \_\_\_\_ No

**SUBCONTRACTORS**

| Firm Name | Work Performed | Amount Paid<br>This Month | Total Payment<br>to Date | Final Payment |    |
|-----------|----------------|---------------------------|--------------------------|---------------|----|
|           |                |                           |                          | Yes           | No |
|           |                | \$                        |                          |               |    |
|           |                |                           |                          |               |    |
|           |                |                           |                          |               |    |
|           |                |                           |                          |               |    |
|           |                |                           |                          |               |    |
|           |                |                           |                          |               |    |
|           |                |                           |                          |               |    |

Subtotal: \$ \_\_\_\_\_

**MANUFACTURERS**

| Firm Name | Product Manufactured | Amount Paid<br>This Month | Total Payment<br>to Date | Final Payment |    |
|-----------|----------------------|---------------------------|--------------------------|---------------|----|
|           |                      |                           |                          | Yes           | No |
|           |                      | \$                        |                          |               |    |
|           |                      |                           |                          |               |    |
|           |                      |                           |                          |               |    |
|           |                      |                           |                          |               |    |
|           |                      |                           |                          |               |    |

Subtotal: \$ \_\_\_\_\_

## BROKERS

| Firm Name | Product/Service Brokered | Amount Paid<br>This Month | Total Payment<br>to Date | Final Payment |    |
|-----------|--------------------------|---------------------------|--------------------------|---------------|----|
|           |                          |                           |                          | Yes           | No |
|           |                          | \$                        |                          |               |    |
|           |                          |                           |                          |               |    |
|           |                          |                           |                          |               |    |
|           |                          |                           |                          |               |    |

Subtotal: \$ \_\_\_\_\_

5% of Subtotal: \$ \_\_\_\_\_

## REGULAR DEALERS

| Firm Name | Materials Supplied | Amount Paid<br>This Month | Total Payment<br>to Date | Final Payment |    |
|-----------|--------------------|---------------------------|--------------------------|---------------|----|
|           |                    |                           |                          | Yes           | No |
|           |                    | \$                        |                          |               |    |
|           |                    |                           |                          |               |    |
|           |                    |                           |                          |               |    |
|           |                    |                           |                          |               |    |

Subtotal: \$ \_\_\_\_\_

60% of Subtotal: \$ \_\_\_\_\_

The undersigned swears that the information they are providing to the Alaska Department of Transportation and Public Facilities, Civil Rights Office is accurate and complete to the best of their knowledge.

Further, the undersigned authorizes the Alaska Department of Transportation and Public Facilities, Civil Rights Office to verify the accuracy of the information provided.

Please note that the Alaska Department of Transportation and Public Facilities, Civil Rights Office, is required to report to the Department of Transportation any false, fraudulent, or dishonest conduct in connection with the program, so that DOT can take the steps (e.g., referral to the Department of Justice for criminal prosecution, referral to the DOT Inspector General, action under suspension and debarment or Program Fraud and Civil Penalties rules) provided in §26.109. The Alaska Department of Transportation and Public Facilities, Civil Rights Office, will consider similar action under our own legal authorities, including responsibility determinations in future contracts.

\_\_\_\_\_  
*Signature & Title of Company Representative*

\_\_\_\_\_  
*Date*